

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09739731	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/	/	/	/			51			
2	/		/				52			
3	/		/				53			
4	/		~~~~~				54			
5	/		~~~~~				55			
6	/		~~~~~				56			
7	/		~~~~~				57			
8	/		/				58			
9	/		/				59			
10	/		/				60			
11	/		/				61			
12	/		/				62			
13	/		/				63			
14	/		~~~~~				64			
15	/		~~~~~				65			
16	/		~~~~~				66			
17	/		~~~~~				67			
18	/		/				68			
19	/		/				69			
20	/		/				70			
21	/		/				71			
22	/		/				72			
23	/		~~~~~				73			
24	/		~~~~~				74			
25	/		~~~~~				75			
26	/		~~~~~				76			
27	/		/				77			
28	/		/				78			
29			/				79			
30			/				80			
31			/				81			
32			/				82			
33			/				83			
34			/				84			
35			/				85			
36			/				86			
37			/				87			
38			/				88			
39			/				89			
40			/				90			
41			/				91			
42			/				92			
43			/				93			
44			/				94			
45			/				95			
46			/				96			
47			/				97			
48			/				98			
49			/				99			
50			/				100			
TOTAL IND.	3		6				TOTAL IND.			
TOTAL DEP.	25	25	30	30			TOTAL DEP.			
TOTAL CLAIMS	28	28	58	58			TOTAL CLAIMS			